

SENT VIA EMAIL OR FAX ON
Jul/06/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Lumbar Discogram with CT L2/3, L3/4, L4/5, L5/S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Orthopedic spine surgeon, practicing neurosurgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO dated 06/15/12
Utilization review determination dated 05/16/12
Utilization review determination dated 06/06/12
MRI lumbar spine dated 05/08/04
MRI lumbar spine dated 05/27/05
EMG/NCV study dated 07/05/05
CT lumbar spine dated 10/03/05
Operative report IDET 11/28/05
Designated doctor's evaluation 02/25/06
Impairment rating 02/22/06
Procedure report lumbar epidural steroid injection 11/30/06
Clinical records Dr. 12/07/07-05/30/12
Urine drug screen 04/17/09
Letter of appeal dated 05/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was involved in a roll over motor vehicle accident on xx/xx/xx. He is reported to have sustained a fracture to the left hip, injuries to left knee and low back.

The first available clinical record is MRI of lumbar spine dated 05/08/04. This study notes degenerative disc at L1-2 with mild bulge and Schmorl's nodes formation. The spinal canal diameter is at lower limits of normal at L4-5 and L5-S1. There is mild facet arthropathy at L5-S1. A repeat MRI was performed on 05/27/05 which reported no significant changes when compared to prior study. An EMG/NCV study was performed on 07/05/05. The evaluator notes findings of acute irritability in bilateral L4, L5 and S1 motor roots the greatest being on left in L4 and L5 distributions. CT of lumbar spine was performed on 10/03/05 which indicates study was performed post discography. This study notes contrast within intervertebral body disc at L3-4 level without extravasation or evidence of any tear. At L4-5 there is contrast within the disc without evidence of extravasation or annular tear. There is no significant central canal or neural foraminal stenosis. At L5-S1 there is suggestion of mild contrast extravasation along posterolateral aspect to right which may represent annular tear versus iatrogenic process. Central canal and neural foramina are widely patent. The claimant subsequently underwent an IDET procedure on 11/28/05. This was performed at L5-S1 level. On 02/25/06 the claimant was seen by designated doctor's evaluation who found the claimant to be at maximum medical improvement with 13% whole person impairment rating. The subsequent clinic notes indicate the claimant was seen in follow-up with Dr. and periodically underwent lumbar epidural steroid injections and trigger point injections. Records indicate the claimant was largely maintained on oral medications. The records suggest multiple requests were made for the claimant to undergo plasma disc decompression which was not supported under IRO per correspondence dated 10/30/08. The record contains urine drug screen inconsistent with claimant's medication profile. He was noted to be positive for cannabinoids and was negative for Carisoprodol and opiates. Medications listed indicated Hydrocodone and Soma. The claimant subsequently was recommended on multiple occasions to undergo lumbar discography. Most recent physical examination is dated 04/17/12. He is reported to have a positive straight leg raise bilaterally. His knee jerks are absent. His ankle jerk on the right is absent and on the left 1+. He reports his pain to be 7 or 8. His ability to ambulate on his toes and heels is guarded. He has complaints of posterolateral pain and low back pain. A subsequent request was made for a three level lumbar discogram with CT.

The initial review was performed on 05/16/12. The reviewer notes that the claimant has a history of discogram and post CT performed on 10/03/05. He notes that there is no indication the claimant is a surgical candidate. He reports that per Official Disability Guidelines discography is not recommended as a pre-operative indication for lumbar fusion surgery and notes that it is of limited diagnostic value. He reports that there was no documentation regarding recent conservative care or that the claimant has undergone a psychological evaluation. He subsequently non-certified the request. A telephonic consultation was performed with Dr. who indicated that he was planning to do surgery but specifically he does not know what because he does not know the level. He notes that it appears that Dr. utilizing discography to justify the surgery and therefore the request is non-certified.

The appeal request was reviewed on 06/06/12. The reviewer notes that the Official Disability Guidelines do not support discogram studies. He notes that MRI of the lumbar spine was not included in the records presented to be reviewed. He further notes that the claimant has previously undergone discogram in 2005 and specific results regarding concordancy were not provided for review. He notes that at this time it does not appear that the need for repeating a discogram study is medically indicated based on the records provided for review. He further notes that the claimant does not appear to be a surgical candidate and that there is a lack of a psychosocial assessment. He subsequently upholds the previous denial.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for outpatient lumbar discogram with CT at L2-3, L3-4, L4-5 and L5-S1 is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant has a history of low back pain with radiation into the lower extremities. He has previously undergone an IDET procedure at the L5-S1 level and therefore the disc is compromised. Additionally no recent MRI studies were

submitted indicating the presence of degenerative disease at the other levels. There is no data to suggest that the claimant is a surgical candidate and therefore the use of lumbar discography is not being utilized as a discriminator to eliminate potential levels of surgical intervention but rather being utilized to justify the performance of surgical intervention. The Official Disability Guidelines do not support performance of discography noting finding of concordance is poor indicator for performance of surgical intervention. There is no indication the claimant is unstable and would require fusion procedure. Therefore, discography is not considered a discriminator. It would further be noted the record contains a dated urine drug screen which suggests the claimant is not compliant with oral medication regimen. Clearly the claimant would require preoperative psychosocial evaluation for performance of this procedure. The records do not indicate the claimant had been referred for this. In absence of this documentation, the claimant may again not meet ODG criteria. Based on the clinical information provided and prior peer review, the request is not medically necessary and not consistent with Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)